ED 342 583 PROJECT CHOICES: UPDATE ON THE EFFECTIVENESS OF ADVENTURE ACTIVITIES USED FOR TREATING ADDICTIONS.

1 OF 1

GILLIS, H. L. OCT 91 12P.

DOCUMENT RESUME

ED 342 583 RC 018 573

AUTHOR Gillis, H. L.
TITLE Project Choices: Update on the Effectiveness of Adventure Activities Used for Treating Addictions.
PUB DATE Oct 91
NOTE 12p.; In: Proceedings of the International Conference and Workshop Summaries Book of the International Association for Experiential Education (19th, Lake Junaluska, NC, October 24-27, 1991); see RC 018 571.
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adolescents; *Adventure Education; *Behavior Change; Counseling Techniques; *Drug Abuse; Drug Rehabilitation; Family Involvement; *Group Dynamics; Independent Living; *Residential Programs; Self Esteem

ABSTRACT

This paper describes an adventure-based treatment program for court-involved youth who display significant alcohol or drug abuse behavior. Project Choices' clients meet the criteria for drug abuse from the Diagnostic Statistical Manual-Revised (DSM-III-R). The clients reside in Project Choices placement homes during the 8-week treatment and 8-week transition programs. Beginning with a morning meditation along with individual and group goal setting, each treatment day includes various group sessions. Through the use of adventure activities, the group is guided sequentially from simple group and individual tasks to more creative and complex problem solving. In addition, the odd-numbered weeks are spent camping out with the fifth week spent in a wilderness environment. In the first four groups, 37 clients completed the 8-week treatment program, and 36 of the 37 clients completed the 8-week transitional aftercare program. Students were rated on weekly behavioral measures by counselors, peers, and themselves. Significant differences in ratings were found in all three groups, suggesting that changes in the client's behavior were noticeable to staff, peers, and self. Subjects' scores decreased from pretest to posttest on the depression and disorganized thinking scales of the Minnesota Multiphasic Personality Inventory (MMPI). Such a decrease was more significant on the Beck Depression Inventory. (KS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY
Karen Warren
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

ED342583

PROJECT CHOICES: UPDATE ON THE EFFECTIVENESS OF ADVENTURE ACTIVITIES USED FOR TREATING ADDICTIONS [1]

H. L. (Lee) Gillis, Ph.D.

Project Adventure, Inc.
PO. Box 2447
Covington,GA 30209
404-784-9310

Psychology Department
Georgia College
Milledgeville, GA 31061
912-453-5120

Introduction and Overview

The use of adventure based programming with adjudicated youth has recently been discussed in *The Journal of Experiential Education* (Durgin, & McEwen, 1991; Sakofs, 1991; Wichmann, 1991). Each of these articles described short term (24-30 day) programs with adolescents referred by the court system and each used different methods of assessment. All of the authors affirm the value of adventure programming for treating adjudicated youth and each article offers suggestions for improving the treatment or evaluation of such programs. Indeed the use of adventure activities is gaining more credibility for treating both adolescents and adults. (Bacon & Kimball, 1989; Gass, 1991b; Gass & McPhee, 1990; Gillis & Bonney, 1986, 1989; Gillis & Gass, 1991; Schoel, Prouty, & Radcliffe, 1988).

Wichmann (1991) presents a theoretical model of change based on "widely accepted practices ...supported by a growing body of descriptive research" (p.48). His model uses elements of a primary peer group and instructors, group process ("the Circle"), and interpersonal stress as input elements into a program of challenge which leads to interpersonal problem solving through individual consequences. The outcome of his model is increased group cohesiveness and reduced antisocial behavior. He advocates for an emphasis on teaching clients interpersonal problem-solving skills in addition to group processing skills by allowing students to take more responsibility for the group process and gradually having control of it.

Durgin & McEwen (1991) argue for the necessity of community follow-up for programs which work with adjudicated youth noting it would be unethical to do otherwise. They note through qualitative results that many young people are just beginning to make changes when a course terminates. The authors make recommendations for independent living placement of young people for whom returning to a negative home environment is impractical or "booster shot" mini weekends which might include family or peers to help improve the lasting effects of positive changes made the short term programs.

Project Choices is Project Adventure's program for adjudicated youth drug abusing adolescents.with drug abuse problems (Gillis & Simpson, 1991). The program attempts to incorporate many of the "widely accepted practices" into a successful program for treating drug abusing adolescents.

Project Choices

Project Choices is an adventure based treatment program for court involved youth who display significant alcohol and/or drug abuse behavior. The first 16 week session began in September, 1990 and in the past year four groups have completed the program.

Project Choices uses adventure based counseling to help clients (1) develop increased self esteem, (2) learn positive coping skills, (3) improve relationships within the family, and (4) value their ability to live drug free when returning home. These goals are achieved through positive interactions with a firm but

[1] Project Choices is administered by Project Adventure, Inc., Covington, GA, USA. Funding for Project Choices is provided by a grant from the Division of Youth Services, State of Georgia, Atlanta, GA, Marjorie Young, Director.

RC018573

BEST COPY AVAILABLE

understanding staff along with caring confrontation of negative behavior and natural consequences given by a group of peers whom suffer from similar addictive problems.

Clients are taught to understand group process and are gradually given more control and responsibility for designing individual consequences for inappropriate behavior. Attempts are made to help clients transfer these skills into other aspects of their life by increasing their ability to trust their own judgement to make positive decisions. Development of trust is accomplished through activities which promote cooperative behaviors among clients and parallel the 12-step approach to recovery. Several of these activities are described in this paper.

Family/group dynamics are a primary focus of the Project Choices program. A family atmosphere is created through the use of placement homes and placement home counselors who serve as "house parents" throughout the treatment and transitional aftercare program. More importantly, clients' family members are included in weekend programming during the treatment and transitional aftercare program.

Finally follow-up is key to the success of the program. Treatment staff working in conjunction with court service workers and family members help the client make positive contacts back into their home community while in the transitional aftercare phase of the program so that they can return to a more positive home environment. Should the home environment be determined to reduce the client's chance for success, a decision is made to place the client in an independent living situation monitored by Project Choices. We have found outcome positively related to making good choices at admissions. Clients who voice a problem with alcohol or other drugs and who do not identify themselves as drug dealers have been found to be most amenable to treatment thus far. The Division of Youth Services of the Department of Human Resources in the State of Georgia (USA) have admissions criteria which our grant funded program must meet.

Admissions criteria.

Project Choices clients meet the criteria for drug abuse from the Diagnostic Statistical Manual - Revised (DSM-III-R) and includes a maladaptive pattern of substance use that includes either (1) continued use despite knowledge of having social, occupational, psychological or social problems or (2) recurrent use in situations that are physically hazardous (American Psychiatric Association, 1987).

Most clients are interviewed while in custody at a Regional Youth Development Center (RYDC) in Georgia. During the interview process background information is gathered to (1) determine if the potential client meets admission criteria and (2) to assist in the design of an individualized treatment program. Once accepted into the program, clients are under the daily supervision of treatment counselors assigned to the 8 week treatment phase of the program. The clients reside in Project Adventure placement homes during the eight week treatment and eight week transition program. Each placement home and each transitional aftercare home houses up to six clients and is staffed by a placement home counselor.

Treatment and transitional aftercare.

Each treatment day begins with a morning meditation along with individual and group (behavioral) goal setting and includes various group sessions during the day ("calling group") or "debrief". The debrief is a discussion of the processes by which individual and group goals have been met or not met and strategies to improve performances.

Through the use of adventure activities, the group is guided sequentially through simple group and individual tasks to more creative and complex problem solving. The group activities and debriefings are a major therapeutic aspect of the program. Negative behavioral consequences are determined by the group and treatment staff and range from a behavioral contract to removal from the program. In addition, the odd numbered weeks (1, 3, & 5) are spent camping out with the fifth week spent in a wilderness environment.

Clients completing the eight week residential treatment program move into the transitional aftercare phase of the for a minimum of two months (8 weeks) to a maximum of one year. The focus of transitional aftercare is continued recovery through increasing family involvement, practicing relapse prevention skills, exercising independent living skills, and participating in traditional school, GED preparation, or employment.

While residing in transitional care, clients are involved in the following activities: (1) attending a multicultural group once a week, (2) attending a relapse prevention group once a week, and (3) attending a

focus group with their own gender. The transitional care program integrates the 12 Step model of AA/NA on a daily basis.

Family participation is encouraged through visits by the family to the placement home , through the client's weekend passes home, and through weekend family workshops at Project Adventure. As noted above, upon completion of transitional care, clients return home or are placed in an independent living situation.

Adventure activities for treating addiction

The Project Choices staff has found a number of adventure activities useful for supplementing the lectures and activities of the treatment and aftercare portions of the program. The majority of these activities are detailed in Rohnke's books (1984, 1988, 1989, & 1991). The lecture topics and corresponding activities are outlined in Table 1 below. The reader is referred to Gass (1991a) and Gass & Doblkin (1991) for a detailed explanation of how to set up activities as metaphors for treatment issues and specific examples of metaphors useful for treating addictions.

Table 1
A sampling of adventure activities that compliment Steps 1-3

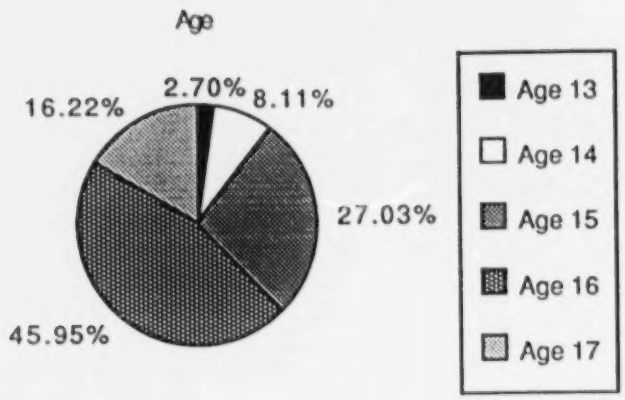
Lecture Topic	Adventure Activity
Step 1 : We admitted we were powerless over alcohol - that our lives had become unmanageable	Quail Shooters Delight Human Knot Blindfold Line-Up Maze Any activity designed for failure
Step 2: Came to believe that a Power greater than ourselves could restore us to sanity	Trust Fall sequence Minefield Any activity that requires a group to be successful (e.g. Mohawk Walk)
Step 3: Made a decision to turn our will and our lives over to the care of God *as we understood him*	Belaying on high course Cat Walk

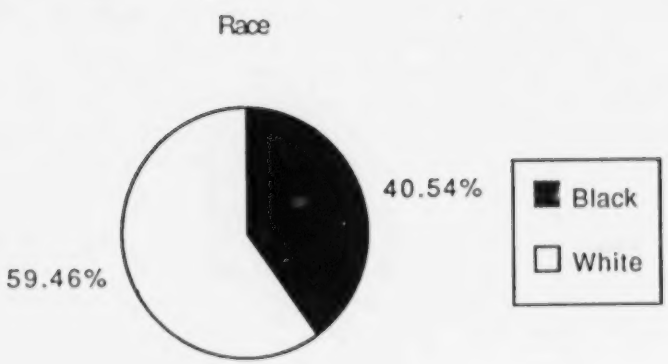
The Project Choices treatment staff uses a model of adventure based counseling that relies more on the debriefing of activities for helping clients "see" the connection of the activity to the addiction concept (Shoel, Prouty, & Radcliffe, 1988) than on setting up the activity (framing) as a parallel to a treatment concept (Gass, 1991a).

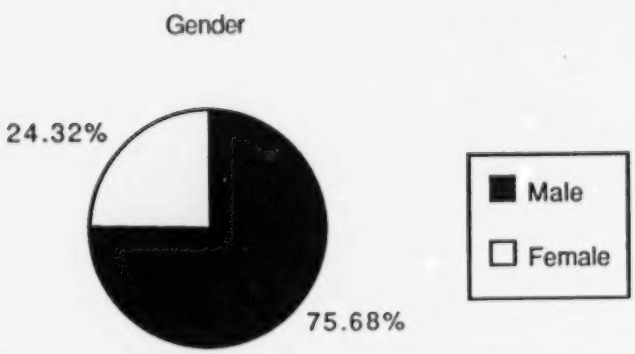
Evaluation Results

Participant characteristics.

In the first four groups,37 clients completed the eight week treatment program, and 36 of the 37 clients completed (at least an) eight week transitional aftercare program. Demographic information on the 37 clients is provided in the pie charts below. Project Choice's clients mirror available national figures which indicate that 93% of juveniles in correctional facilities are male, 58.2% white and 41.4% are black (Bureau of Justice Statistics (BJS), 1990). The average age of the Project Choice client was 15.65 with ages ranging from 13 to 17 years.


Age
2.70%
8.11%
16.22%
27.03%
45.95%
Age 13
Age 14
Age 15
Age 16
Age 17

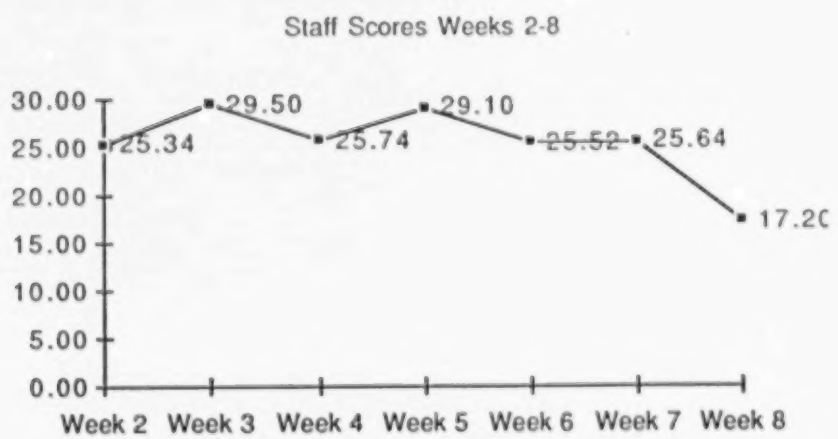

Race
40.54%
59.46%
Black
White


Gender
24.32%
75.68%
Male
Female

Fifty one percent (51%) of the clients have only one biological parent in their home which also mirrors the national average (BJS, 1990). Clients have committed an average of 5.27 offenses including the admitting offense(s) and violations of probation with over 50% having committed more than five offenses. This number of previous offenses is slightly higher than the 43% of incarcerated juveniles who have been arrested more than five times (BJS, 1990). Seventy percent (70%) of the clients thus far have had no previous hospitalization for drug or alcohol treatment.

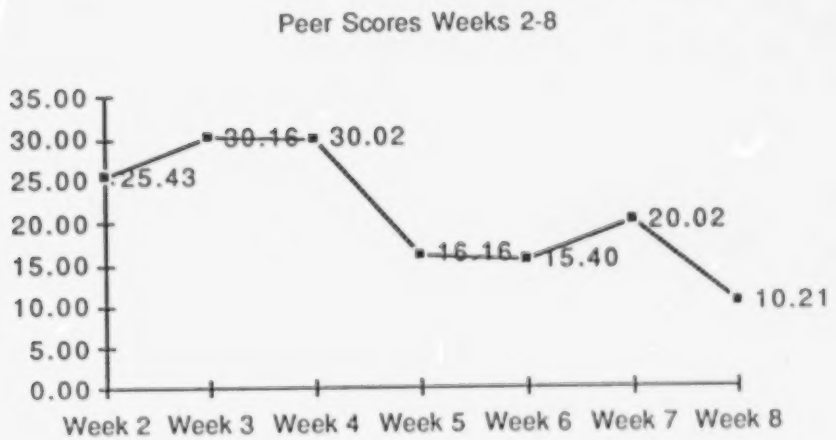
Behavioral measures.

Staff. The Revised Behavior Problem Checklist (RBPC) (Quay & Peterson, 1987) was used by both counselors as a weekly measure of each client's behavior during the treatment phase of the program. The conduct disorder scale of the RBPC was used for evaluation of client's behavior as it was thought to be indicative of the primary problem which lead many of the clients begin to use drugs in the first place. Sample items on this scale included (1) "Disruptive; annoys and bothers others;" (2) "Selfish; won't share; always takes the biggest piece;" and (3) "Blames others; denies own mistakes." Average conduct disorder scores measured by staff are graphed below .



Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference in the scores on the staff's behavioral ratings over time ($F_{6, 144} = 3.87$ $p = .0013$). Significant differences were found to exist between Weeks 2-7 and Week 8 demonstrating that the counselors noticed specific behavioral changes in the clients over the eight week treatment program.

Peer. A peer behavioral rating was also used as a method of measuring the global behavioral change taking place among clients in the program. Each client was asked to rate every group member on a scale of 1-100 ("Give each person a 'grade'.") with the higher score indicating more negative behavior. Average scores for peer ratings are graphed below.



Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference for time in peer ratings for the treatment phase of the program ($F, 6, 36 = 5.66$, $p = .0003$). These ratings reveal that the clients noted a difference in the behavior of their peers from week to week. There was a significant difference between Week 2 and Week 8 noting that clients' behavior had improved from the first to the last assessment.

Peer ratings at Week 7 increased from their level at Week 6 and then decreased significantly during the final week. Week 7 followed the family weekend. Perhaps the ratings reflect both the anxiety raised when family members participated in the treatment program and to the excitement among the group prior to completion of the treatment phase. It is interesting to note that the staff measures which were more specifically related to behavior and did not reflect a single global score, did not reflect the same rise in negative behavior at Week 7.

Self. Self behavior ratings reflect the average score clients gave themselves each week while they were also rating their peers. Self scores are graphed below.

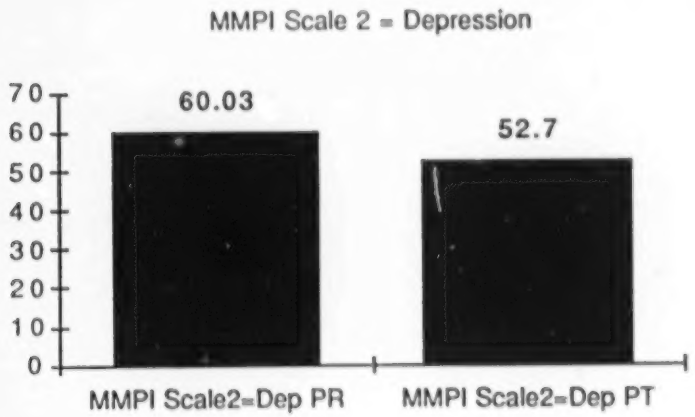
Statistical analysis (ANOVA) for repeated measures revealed an overall significant difference for time in self ratings for the treatment phase of the program ($F, 6, 36 = 3.35$, $p = .0101$). These ratings reveal that the clients noted a difference in their behavior from week to week.

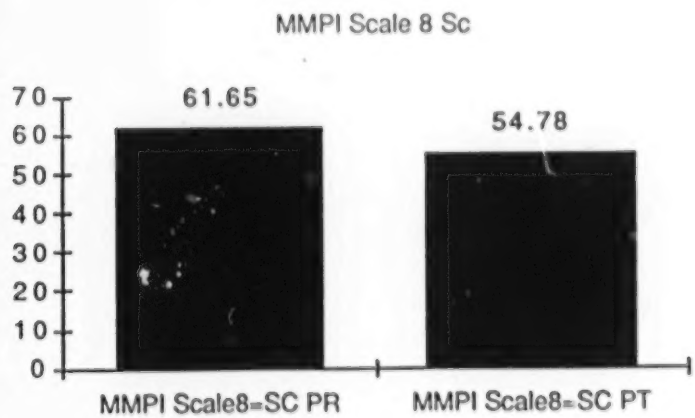
The same increase in behavior rating occurred following Week 6 (family weekend) in the self scores that occurred in peer scores. Again, in consultation with staff (despite their average behavioral rating) these scores were thought to reflect the anxiety many clients felt after having their parents involved in treatment (or in some cases not having their parents attend the weekend session). The self rating score may also reflect clients' anxiety about the transition to the (relatively) less structured aftercare program which would come at the end of Week 8.

Contributing to the client's treatment and academic success are other variables which have been assessed prior to and following the initial treatment program. These variables include personality factors, and self report of depression.

Standardized measures

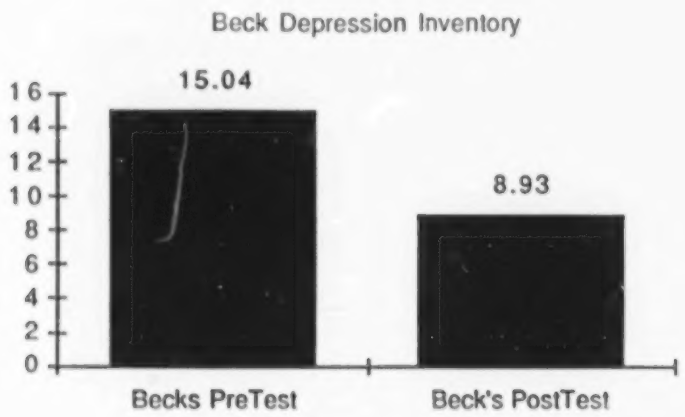
Personality measures. The Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway & McKinley, 1982) was used as a both a treatment planning instrument and a pretest-posttest indicator of treatment effectiveness. The significantly different pretest and posttest subscale scores are included below.





The decreases in scales of (1) depression (Scale 2:D; Pre M=60.03, Post M=52.70, $\underline{F}$ 1, 72=7.70, p=.007) and (2) disorganized thinking (Scale 8: Sc; Pre M=61.65, Post M=54.78, $\underline{F}$ 1, 72=5.42, p=.02) could be interpreted that the clients are learning some skills to handle their sad feelings related to alienation from their families and their past failures in school and with DYS.

Depression measures. The Beck (1990) Depression Inventory was used prior to (pretest) and following (posttest) the treatment phase of the program.



Note that the two scores were significantly different ($F_{1, 54} = 6.59$, , $p=.01$) and did decrease when measured prior to and following the treatment phase of the program. These scores indicate that clients perceived themselves in a more favorable light following participation in the treatment program than they did when they arrived.

Limitations

Through an evaluation of behavioral and self reported personality and depression changes this program appears to have a positive effect on the 37 clients who have participated thus far. Nevertheless from a research standpoint, these findings lack many of the qualities that could underscore the validity of the program evaluation. These limitations include the following points: (1) There was no randomization of treatment since clients were screened for meeting criteria for drug abuse from a population of incarcerated youth in the juvenile system of the State of Georgia; (2) No control group was used with which to compare the behavioral or self report measures included in this evaluation; (3) Using multiple scores from the same test (MMPI) and evaluating them separately with t-tests or ANOVAs can produce changes by chance which might not exist in reality; and (4) As this evaluation was conducted on the first four groups in treatment, small changes in format and content of the programming which took place from the first through the fourth sessions may have contributed to history effects that influenced the outcome. The programs, while very similar in content, did contain slight differences. Despite these limitations evaluation of the program will continue in an attempt to maximize treatment effectiveness.

Summary and recommendations

Project Choices is designed to utilize the best that adventure education and traditional drug treatment have to offer. Both the observed behavior and self reported attitudes related to change resulting from participation in this action oriented, residential treatment program have been evaluated. The data suggest that we are on the right track.

Maintenance of these positive changes following discharge from Project Choices and throughout the client's lifetime is the conclusive test of our work. We plan to continue sharing our results in hopes of benefitting from the scrutiny and profiting from the feedback we receive.

References

American Psychiatric Association (1987). *Diagnostic Statistical Manual* - rev ed Washington, D.C.: American Psychiatric Association, Inc.

Alcoholics Anonymous (AA) World Service, Inc. (1981). *Twelve steps and twelve traditions*. NY: Alcoholic Anonymous World Services, Inc.

Bacon, S. B. & Kimball, R. (1989). The wilderness challenge model. In R. D. Lyman, S. Prentice-Dunn, and S.Gabel (Eds.) *Residential and inpatient treatment of children and adolescents*. NY: Plenum Press.

Beck, A. (1990). *Beck Depression Inventory* . San Antonio, TX: The Psychological Corporation.

Bureau of Justice Statistics, 1990. *BJS Data Report, 1989*. Rockville, MD: Justice Statistics Clearinghouse.

Durgin, C. H. & McEwen, D. (1991). Troubled young people after the adventure program: A case study. *Journal of Experiential Education* *14*(1), 31-35

Gass, M.A. (1991a). Enhancing metaphor development in adventure therapy programs. *Journal of Experiential Education*, *14(2)*, 6-13.

Gass, M. A. (1991b). *Therapeutic applications of adventure programming*. Boulder, CO: Association for Experiential Education.

Gass, M. A. & Dobkin, C. (1991). *Book of metaphors: A descriptive presentation of metaphors for adventure activities*. Published by the authors.

Gass, M. A. and McPhee, P. J. (1990). Emerging for recovery: A descriptive analysis of adventure therapy for substance abusers. *Journal of Experiential Education*, 13(2), 29-35.

Gillis, H. L. & Bonney, W. C. (1986). Group counseling with couples or families: Adding adventure activities. *Journal for Specialists in Group Work*. *11*(4), 213-219.

Gillis, H. L. & Bonney, W. C. (1989). Utilizing adventure activities with intact groups: A sociodramatic systems approach to consultation *Journal of Mental Health Counseling*. *11*(4), 345-358.

Gillis, H. L. & Gass, M. A. (1991) *An overview of adventure experiences used in marriage and family therapy*. Article submitted for publication.

Gillis, H. L. & Simpson, C. (1991). Project Choices: Adventure-based residential drug treatment for court-referred youth.*Journal of Addictions and Offender Counseling*. *12*(1) 12-27.

Hathaway, S. R. and McKinley, J. C. (1982). *Minnesota Multiphasic Personality Inventory: Group form*. Minneapolis, MN: National Computer Systems, Inc.

Quay, H. C. and Peterson, D. R. (1987). *Revised Behavior Problem Checklist*. Odessa, FL: Psychological Assessment Resources, Inc.

Rohnke, K.E. (1984). *Silver bullets*, Hamilton, MA: Project Adventure, Inc.

Rohnke, K. E. (1988). *The bottomless bag*. Dubuque, IA: Kendall Hunt Publishing Co.

Rohnke, K. E. (1989). *Cowstails and cobras II*. Hamilton, MA: Project Adventure, Inc.

Rohnke, K. E. (1991). *The bottomless baggie*. Dubuque, IA: Kendall Hunt Publishing Co.

Sakofs, M. (1991). Assessing the impact of an Outward Bound program for adjudicated youth. *Journal of Experiential Education*, *14*(2),49-50.

Schoel, J., Prouty, D. and Radcliffe, P. (1988). *Islands of healing: A guide to adventure based counseling*. Hamilton, MA: Project Adventure, Inc.

Wichmann, T. (1991). Of wilderness and circles: Evaluating a therapeutic model for wilderness adventure programs. *Journal of Experiential Education*, *14*(2),43-48.